



Pam White  
Health Net

# PPO Plus Plan Dental and Vision Coverage

## Optional coverage for IFP PPO portfolio

When you choose a Health Net PPO insurance plan, you have the option to add dental and vision coverage.

### Dental and Vision Plus options

A Health Net “PPO Plus”<sup>1</sup> plan is a Health Net PPO insurance plan with Health Net dental and vision coverage included. **Adding dental and vision benefits** is a great way to boost your overall health coverage. And, with a PPO Plus plan, it’s one-stop shopping.

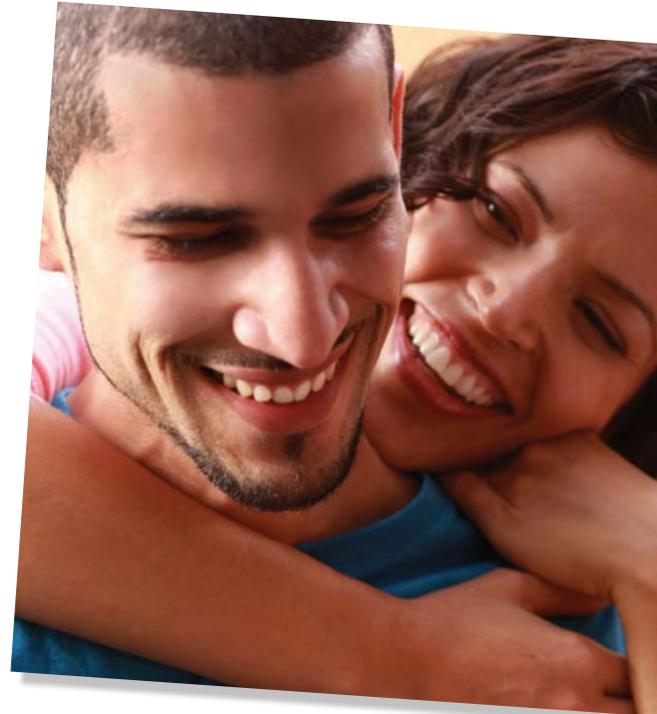
### IFP Dental and Vision rates

*Available with all PPO Plus plans*

Subscriber	\$25
Subscriber and spouse/ domestic partner	\$50
Subscriber and child	\$50
Subscriber and children	\$75
Family	\$100

### Dental coverage benefits

- Choose your own dental providers.
- Budget your care – Find out your costs up front with our convenient fee schedule.
- Save – The \$50 deductible is waived for diagnostic and preventive services.



### Vision coverage benefits

- Single, bifocal, trifocal and lenticular lenses covered at 100% in-network after copay.
- Freedom to take your prescription to any vision PPO provider.
- No or low copays for vision exams and lenses, and allowances for other services.
- Large network of independent providers, including optical retailers LensCrafters,<sup>®</sup> Pearle Vision,<sup>®</sup> Sears Optical,<sup>SM</sup> JCPenney<sup>®</sup> Optical and Target Optical.<sup>®</sup>
- Secondary purchase plan – Unlimited discounts up to 40% on materials and services once initial benefit has been used.

*(continued)*



### Dental summary of benefits

<i>Benefit</i>	<i>PPO Plus plans: Dental</i>
<b>Calendar Year Maximum</b>	\$1,000
<b>Annual deductible</b> (waived for diagnostic and preventive services)	\$50
	<b>Maximum Allowable Fee</b>
<b>Diagnostic and preventive</b>	
Diagnostic – periodic oral examination (up to 2 times per year)	\$13
Diagnostic – limited oral examination, problem-focused	\$17
Intraoral radiographs – complete series, including bitewings	\$40
Dental prophylaxis – adult	\$32
Dental prophylaxis – children to age 14	\$25
Sealant (per permanent molar tooth)	\$4
<b>Restorative – amalgam (permanent filling)</b>	
One surface, permanent (amalgam)	\$22
Two surface, permanent (amalgam)	\$28
Crown (resin/porcelain)	\$127 resin <sup>2</sup> / \$248 porcelain <sup>2</sup>
<b>Endodontics – root canal (excluding final restorations)</b>	
Anterior	\$121 <sup>3</sup>
Molar	\$193 <sup>3</sup>
<b>Oral Surgery (extractions)</b>	
Single tooth, erupted	\$33 <sup>3</sup>
Removal of impacted tooth (completely bony)	\$66 <sup>3</sup>
<b>Periodontics</b>	
Periodontal scaling and root planing – 4 or more teeth per quadrant	\$20 <sup>3</sup>
<b>Prosthodontics</b>	
Prosthetics/prosthodontics – Denture (complete upper or lower)	\$264 each <sup>2</sup>
<b>Orthodontics</b>	
Children (through age 19)	Not covered
Adult	Not covered



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(continued)

<sup>1</sup>Dental and vision benefits are underwritten by Health Net Life Insurance Company. Dental benefits are administered by Dental Benefit Administrative Services. Vision benefits are administered by EyeMed Vision Care, LLC. Dental Benefit Administrative Services and EyeMed Vision Care, LLC are not affiliated with Health Net Life Insurance Company. For additional information on dental and vision coverage provided under the Plus option, see the Dental and Vision Summary of Benefits.

<sup>2</sup>Subject to six-month waiting period.

<sup>3</sup>Subject to three-month waiting period.

## Vision summary of benefits

Benefits	PPO Plus plans: Vision	
	In-network you pay:	Out-of-network you pay:
<b>Exam with dilation as necessary</b> Once every 12 months	\$10 copayment	All charges over \$45
<b>Exam options (fit and follow-up)</b>		
Standard contact lenses	Up to \$55	Not covered
Premium contact lenses	You receive a 10% discount off retail price	Not covered
<b>Frames</b>		
Once every 24 months	\$85 allowance	Not applicable
Any available frame at provider location	\$0 copayment, plus 80% of balance over allowance	All charges over \$45
<b>Standard plastic lenses</b>		
Single vision	\$25 copayment	All charges over \$43
Bifocal	\$25 copayment	All charges over \$58
Trifocal	\$25 copayment	All charges over \$70
Lenticular	\$25 copayment	All charges over \$125
Standard progressive lens	\$90 copayment	All charges over \$58
Premium progressive lens	\$90 copayment, plus 80% of charge less \$120 allowance	All charges over \$58
<b>Lens options</b>		
UV treatment	You receive a 20% discount off retail price	Not covered
Tint (solid and gradient)	\$0 copayment	Not covered
Standard plastic scratch – Coating	You receive a 20% discount off retail price	Not covered
Standard polycarbonate – Adults	You receive a 20% discount off retail price	Not covered
Standard polycarbonate – Children under age 19	You receive a 20% discount off retail price	Not covered
Standard anti-reflective coating	You receive a 20% discount off retail price	Not covered
Other add-ons	You receive a 20% discount off retail price	Not covered
<b>Contact lenses</b>		
Once every 24 months in lieu of eyeglass lenses (Contact lens allowance includes materials only.)	\$120 allowance	Not applicable
Conventional	\$25 copayment, plus 85% of charge over allowance	All charges over \$105
Disposable	\$25 copayment, plus balance over allowance	All charges over \$105
Medically necessary (requires preauthorization)	\$25 copayment	All charges over \$250
<b>Laser vision correction</b>		
Lasik or PRK from U.S. Laser Network	You receive 15% discount off retail price or 5% discount off promotional price	Not covered
<b>Additional pairs benefit</b>	You receive a 40% discount off complete (frames and lenses) pair eyeglass purchases and a 15% discount off conventional contact lenses once the benefit has been used.	Not covered

